SECTION 9 ATTACHMENT A APPLICATION AND QUALIFIED VENDOR AGREEMENT AWARD

APPLICATION and QUALIFIED VENDOR AGREEMENT AWARD

TO: THE STATE OF ARIZONA

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF DEVELOPMENTAL DISABILITIES

APPLICATION

For clarification of this application, contact: Name	The Undersigned hereby applies and agrees to provide the service(s) in compliance with the RFQVA.		
Phone Number E-Mail Address Gity State Zip Phone Number E-Mail Address City State Zip Phone Number E-Mail Address City State Zip Phone Number E-Mail Address Title APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY) Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the RFQVA, including all terms, conditions, service specifications, scope of work.	For clarification of this application, contact:		
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E-Mail Address E-Mail Address Gity State Zip Phone Number Fax	Name	Federal Employer Identification Number	
E-Mail Address E-Mail Address Gity State Zip Phone Number Fax			
E-Mail Address If awarded a Qualified Vendor Agreement, all notices should be sent to: Name Mailing Address City State Zip Phone Number E-Mail Address Signature of Person Authorized to Sign Application Printed Name Fax Number Title APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY) Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the RFQVA, including all terms, conditions, service specifications, scope of work,	Phone Number	Company Name	
E-Mail Address If awarded a Qualified Vendor Agreement, all notices should be sent to: Name Mailing Address City State Zip Phone Number E-Mail Address Signature of Person Authorized to Sign Application Printed Name Fax Number Fax Number Title APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY) Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the RFQVA, including all terms, conditions, service specifications, scope of work,	Fox Number	Mailing Address	
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If awarded a Qualified Vendor Agreement, all notices should be sent to: Name	E-Mail Address		
Should be sent to: Phone Number Fax Number		City State Zip	
Name E-Mail Address		N V I	
Mailing Address City State Zip Signature of Person Authorized to Sign Application Phone Number Fax Number Printed Name Title APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY) Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the RFQVA, including all terms, conditions, service specifications, scope of work.	should be sent to:	Phone Number Fax Number	
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Signature of Person Authorized to Sign Application	Name	E-Maii Address	
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E-Mail Address APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY) Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the RFQVA, including all terms, conditions, service specifications, scope of work,	City State Zip	Signature of Leison Authorized to Sign Application	
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This agreement shall henceforth be referred to as Qualified Vendor Agreement No The begin date and the			
effective date of this agreement is either the date that this award is signed by the Procurement Specialist or July 1, 2003, whichever is later.			
State of Arizona			
Awarded this Date:			
Procurement Specialist			